

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: NORTHSIDE (0010811)
Address: 900 N FOURTH ST, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 01/03/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096014 **End Date:** 11/15/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095555 **End Date:** 08/31/2005 **Type:** ABBREVIATED **Purpose:** OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010022 Served 09/19/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	09/19/2005	Yes
88.07(2)(b)5	MONITORING HEALTH	09/19/2005	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	09/19/2005	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/19/2005	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	09/19/2005	Yes
88.10(3)(q)	MEDICATIONS	09/19/2005	Yes

Survey ID: 0093811 **End Date:** 12/15/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.